# L18000 121251

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(//u	uicss)	
(Cit	y/State/Zip/Phone	e #)
_	_	_
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(2.2	emoco Emity That	,,,,
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



500352863145

10/02/20--01014--004 \*\*25.00

. 10 - 11 3:27

O SIMMONS NOV 0 9 2020

### **COVER LETTER**

SUBJECT: Moms Party Creations LLC Name of Limited Liability Company DOCUMENT NUMBER: L18000121251 The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing. Please return all correspondence concerning this matter to the following: United States Corporation Agents, Inc. Name of Person Legalzoom.com, Inc. Name of Firm/Company 101 North Brand Blvd. 11th Floor Address Glendale, CA 91203 City/State and Zip Code raresignations@legalzoom.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jazmine Johnson Area Code Daytime Telephone Number Name of Person

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

#### MAILING ADDRESS:

TO: Registration Section Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.0115, Florida Statutes, the unders	igned,	
United States Corporation Agents, Inc.		nereby resigns as	
Name of Registered Agent Registered Agent for Moms Party Creations LLC		, hereby realigns as	
		<del></del>	
	Name of Limited Liability Company	*,	
L18000121251		7. 	
Document Number, if known		( <u>)</u>	
_	ation was mailed to the above listed limited liability co ated and the office discontinued on the 31st day after t		
	Signature of Resigning Agent		
If signing on behalf o	f an entity:		
	Cheyenne Moseley		
	Typed or Printed Name	<del></del>	
	Asst. Secretary for United States Corporation Ager	its, Inc.	
	Capacity		

FILING FEES:
\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314